

STUDENT NAME (please print): \_\_\_\_\_

**Mesquite ISD Parent or Guardian’s Permit**

In consideration of accepting my child as a participant in band, I, intending to be legally bound, hereby myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against all other entrants and the Mesquite Public Schools, Mesquite Texas, its officers, agents and representatives for any and all injuries suffered by my son or daughter while participating in band or while in transit to practice or games.

I hereby give my consent for my son/daughter to compete in University Interscholastic League approved events, and travel with the band directors or other representatives of the school on any trips.

It is understood that even though protective measures are taken, the possibility of injury or accident still remains. Neither the University Interscholastic League nor the Mesquite ISD assumes any responsibility in case an injury or accident occurs.

I have read and understand the University Interscholastic League rules included in this packet and agree that my son/daughter will abide by all of the UIL rules.

The undersigned agrees to be responsible for the safe return of all band equipment issued by the school to my son/daughter.

If, in the judgment of any representatives of the school, my son/daughter needs immediate care and treatment as a result of any inquiry or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to my son/daughter by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of my son/daughter.

Your signature below gives authorization that is necessary for the school district, its athletic trainers, band directors, associated physicians, and student insurance personnel to share information concerning medical diagnosis and treatment of your son/daughter.

\_\_\_\_\_  
Parent Relationship

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary – Dallas County, Texas

**MESQUITE INDEPENDENT SCHOOL DISTRICT  
FIELD TRIP PERMIT**

I, \_\_\_\_\_, do permit \_\_\_\_\_  
(name of parent/guardian) (name of student)

To participate in the school activity described below. A field trip is considered an extension of the curriculum and is designed to enrich and broaden a student’s education experience.

\_\_\_\_\_  
Signature of parent/guardian

Date of Activity: 2023-2024 Description of Activity: NMHS Band Performances

Transportation provided by the district (School bus/district transportation)

STUDENT NAME (please print): \_\_\_\_\_

## Student Emergency Contact

Printed Name of Student \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Student Allergies \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Phone Number of Parent/Guardian \_\_\_\_\_

Email of Parent/Guardian \_\_\_\_\_

## Health Care / Insurance Information

Health Insurance Company \_\_\_\_\_

Member ID Number \_\_\_\_\_

Group Number \_\_\_\_\_